

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37CFR 1.136 apply.

(complete (a) or (b) as applicable)

(a) \_\_\_\_\_ Applicant petitions for an extension of time for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
_____	one month	\$ 110.00	\$ 55.00
_____	two months	410.00	205.00
_____	three months	930.00	465.00
_____	four months	1,450.00	7250.00

Fee \$ \_\_\_\_\_

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

\_\_\_\_\_ An extension for \_\_\_\_\_ months has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

OR

(b) XXX Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)		Small Entity		Other than a Small Entity
	Claims Remaining After Amendment		Highest No. Previously Paid for		Present EXTRA	Rate	Addit. Fee		Addit. Fee
TOTAL	24	MINUS	23	=	1	x 9 = \$	x 18 =	\$18.00	
INDEP.	11	MINUS	4	=	7	x 42 = \$	x 84 =	\$588.00	
_____ First Presentation of Multiple Dep. Claim						x 125 = \$	x 250 = \$		
						Total \$	or Total	\$606.00	

\* If the Highest No. Previously Paid for in this space is less than 20, enter "20".

\*\* If the Highest No. Previously Paid for in this space is less than 3, enter "3".

(c) \_\_\_\_\_ No additional fee is required

OR

(d) XX Total additional fee required \$ 606.00

**FEE PAYMENT**

5.     XXX     Attached is a check in the sum of     \$ 606.00  
                  Charge Account No. 23-0630 in the sum of \$ \_\_\_\_\_

**Fee Deficiency**

6.     XXX     If any additional extension and/or fee is required, this is the request therefor and to charge Account No. 23-0630

And/Or

XXX     If any additional fee for claims is required, charge Account No. 23-0630.

Reg. No.: 45,115

  
\_\_\_\_\_  
Signature of Attorney

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